

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

15-63-014745
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1141

21141

3

4 0

5 1

6

7 1

8 2

977X

10

11

12 90-2

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MTN. GROVE		c. CITY OR TOWN MTN. GROVE	
Length of stay in 1b 10 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 403 N. WALL		d. STREET ADDRESS (If outside, give location) 403 N. WALL	
3. NAME OF DECEASED (Type or print) ROBERT WILLIAM MACKIE		4. DATE OF DEATH 3 - 19 - 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG. 3, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE WORK		10b. KIND OF BUSINESS OR INDUSTRY BOOKKEEPER	11. BIRTHPLACE (City and state or country) DIAMOND ILL.
13a. FATHER'S NAME JOHN MACKIE		13b. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. XXXXXXXXXX	
17. INFORMANT MARGARET KOLB		Address MTN. GROVE MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of small intestines and colon			6 Mo.
DUE TO (c) Prostatic Carcinoma			3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from August - 1958 to March 19, 1963 and last saw him alive on March 19, 1963 Death occurred at Home 8:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. A. Craig D.O.		22b. ADDRESS Mountain Grove, Missouri	22c. DATE SIGNED 3/20/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-22-63	23c. NAME OF CEMETERY OR CREMATORY HILLCREST	23d. LOCATION (City, town, or county) (State) MTN. GROVE MO.
24. FUNERAL DIRECTOR BARBER	ADDRESS MTN. GROVE MO	25. DATE RECD. BY LOCAL REG. 3-21-1963	26. REGISTRAR'S SIGNATURE Bernice L. Sherman

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Bob Davis, Student Embalmer No. 678

working under my personal supervision.

Student Bob Davis
Signature of Student Embalmer

Signed RWT Barb

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

RECEIVED MAR 26 1963